Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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SUBJECT HEADINGS IN THIS ISSUE

CHILDREN AND ADOLESCENT MENTAL HEALTH

America's Youngest Outcasts: State Report Card on Child Homelessness. By National Center on Family Homelessness. (The Center, Newton, Massachusetts) 2009. 220 p.

["The National Center on Family Homelessness (NCFH) has created *America's Youngest Outcasts: State Report Card on Child Homelessness* to provide a comprehensive

snapshot of child homelessness in America today. Updating a study NCFH released in 1999, this report shows that the problem of child homelessness is worsening. The *Report Card* describes the status of homeless children in four areas: extent of child homelessness, child well-being, structural risk factors, and state-by-state policy and planning efforts….

This report shows that the majority of homeless children reside in very few states. During 2005-2006, 75% of America's identified homeless children lived in 11 states. Children without homes are twice as likely to experience hunger as other children. Two-thirds worry they won't have enough to eat. More than one-third of homeless children report being forced to skip meals. Homelessness makes children sick. Children who experience homelessness are more than twice as likely as middle class children to have moderate to severe acute and chronic health problems. Homeless children are twice as likely as other children to repeat a grade in school, to be expelled or suspended, or to drop out of high school. At the end of high school, few homeless students are proficient in reading and math – and their estimated graduation rate is below 25%."]

Full text at: http://www.homelesschildrenamerica.org/report.php

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"Gender-Specific Mental and Behavioral Outcomes among Physically Abused High-Risk Seventh-Grade." By Joseph E. Logan and others, Centers for Disease Control and Prevention. IN: Public Health Reports, vol. 124, no. 2 (March-April 2009) pp. 234-245.

["Research has shown that physical abuse during childhood (early PA) is associated with various mental and behavioral problems in adolescence. However, there is little research on the differences in these associations by gender among youths residing in high-risk communities. This study investigated gender differences in the relationship between early PA and various internalizing (e.g., thoughts of suicide or victimization) and externalizing (e.g., perpetration of violence) behaviors." **NOTE: This journal is available from the CA State Library for loan or a hard copy of this article can be requested.**]

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Racial-Ethnic Inequality in Child Well Being from 1985-2004: Gaps Narrowing but Persist. By Donald J. Hernandez and Suzanne E. Maccartney, University at Albany, SUNY. (Foundation for Child Development, New York, New York) January 2008. 15 p.

["The United States is rapidly becoming amore racially and ethnically diverse society. Less than 25 years from now, no single racial or ethnic group will constitute a majority of children and youth. But those race-ethnic groups that are furthest behind will, taken together, become a majority. What does this mean for the country?

To avoid social fragmentation and assure that we continue to be a unified people based on enduring democratic principles, it is critical that we pursue the twin social goals of equality of opportunity and equality in life conditions among all groups. For the past four years, the Foundation for Child Development (FCD) has released a Child Well-Being Index (CWI) comprised of 28 statistical indicators organized into seven domains of child well-being: safety/behavioral concerns, family economic wellbeing, health, community connectedness, educational attainment, social relationships, and emotional/spiritual well-being.

This report is the first effort to analyze child well-being trends through the lens of race and ethnicity to better understand how differences between White and Black children and between White and Hispanic children have changed on key indicators and domains over the decades and what these changes could signal for the efforts by policymakers and others to reduce race-ethnic disparities and to lift the status of all children in this country."]

Full text at: http://www.fcd-us.org/usr_doc/DisparitiesBrief.pdf

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Reducing Behavior Problems in the Elementary School Classroom: A Practice Guide National Center for Education Evaluation. Publication #2008-012. By M. Epstein, University of Nebraska-Lincoln.   (U.S. Department of Education, Washington, D.C.) September 2008. 87 p.

["This guide is intended to help elementary school educators as well as school and district administrators develop and implement effective prevention and intervention strategies that promote positive student behavior. The guide includes concrete recommendations and indicates the quality of the evidence that supports them. Additionally, we have described some, though not all, ways in which each recommendation could be carried out. For each recommendation, we also acknowledge roadblocks to implementation that may be encountered and suggest solutions that have the potential to circumvent the roadblocks. Finally, technical details about the studies that support the recommendations are provided in Appendix D (of this report)."]

Full text at:
http://ies.ed.gov/ncee/wwc/pdf/practiceguides/behavior_pg_092308.pdf

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DEPRESSION

"Using Community Arts Events to Enhance Collective Efficacy and Community Engagement to Address Depression in an African American Community." By

Bowen Chung and others, RAND Corporation. IN: American Journal of Public Health, vol. 99, no.2 (February 2009) pp. 237-244.

["We used community-partnered research (CPPR) to measure collective efficacy and its role as a precursor of community engagement to improve depression care in the African American community of South Los Angeles….In all models, collective efficacy to improve depression care independently predicted community engagement in terms of addressing depression. Social stigma was not significantly associated with collective efficacy or community engagement. In confirmatory analyses, exposure to spoken word presentations and previous exposure to CPPR initiatives increased perceived collective efficacy to improve depression care.

Enhancing collective efficacy to improve depression care may be a key component of increasing community engagement to address depression. CPPR events may also increase collective efficacy. Both collective efficacy and community engagement are relevant constructs in the South Los Angeles African American community." **NOTE: This journal available for loan or a hard copy of this article can be requested from the California State Library.**]

JUSTICE SYSTEM AND MENTAL HEALTH

Giving Ex-Offenders a Choice in Life: First Findings from the Beneficiary Choice Demonstration. By Jeanne Belotti and others, Mathematica Policy Research Inc. (Mathematica, Princeton, New Jersey) December 19, 2008. 156 p.

["In July 2007, the U.S. Department of Labor funded the Beneficiary Choice Contracting Program, a demonstration to help young, recently released ex-offenders successfully enter and remain in the workforce and stay free of crime. The program is being implemented by grantees in five locations: Phoenix, Denver, Chicago, Indianapolis, and Des Moines. The model involves three unique components: (1) emphasis on participant choice of service providers, (2) expansion of the service de livery network to include faith-based and community organizations that offer a range of secular and faith-infused services, and (3) use of performance-based contracting to motivate providers to achieve key outcomes. This report describes early implementation experiences. The analysis relies on qualitative data collected during the first round of site visits, a survey of grantees and their service providers, and data from the demonstration's management information system. As of August 2008, the five grantees had enrolled 763 participants across their 30 specialized service providers. Although the demonstration was still in its infancy at the time of the site visits, many interesting patterns had already emerged as sites entered uncharted territory by combining the indirect funding mechanism of customer choice with use of performance-based contracting."]

Full text at: http://www.mathematica-mpr.com/publications/pdfs/labor/exoffenderschoice08.pdf

"The Impact of Regionalization on Reentry Service Outcomes for Individuals with Severe Mental Illness." By Stephanie W. Hartwell and others. IN: Psychiatric Services, vol. 60, no. 3 (March 2009) pp. 394-397.

["The belief that public mental health services should be regionalized has guided their delivery for the past four decades. But there have been few opportunities to observe and evaluate a service entity's shift from a centralized to a regionalized delivery *system. This brief report focuses* on the regionalization of the Massachusetts Department of Mental Health's forensic transition team, a service that manages community reentry from correctional settings for persons with severe mental illness. Pre and post regionalization episodes (N=957) were compared to examine the consequences of regionalizing the forensic transition team. *Results:* Overall, engagement in services, a key forensic transition team outcome measure, improved post regionalization. Unexpectedly, the rate of loss to follow-up significantly increased among former county house of correction inmates. *Conclusions:* Overall, regionalizing reentry services increased the forensic transition team's capability and expertise in managing reentry for persons with mental illness. However, follow- up of individuals exiting county houses of correction remains a challenge."]

Full text at: http://psychservices.psychiatryonline.org/cgi/reprint/60/3/394

"Justice System Involvement into Young Adulthood: Comparison of Adolescent Girls in the Public Mental Health System and in the General Population." By Maryann Davis and others, University of Massachusetts Medical School. IN: American Journal of Public Health, vol. 99, no. 2 (February 2009) pp. 234-236.

["We compared arrest onset and frequency and types of charges between a statewide cohort of adolescent girls in the public mental health system and girls of the same age in the general population to investigate important differences that could have policy or intervention implications. Girls in the public mental health system were arrested at earlier ages more frequently and were charges with more serious offenses than were girls in the general population. Our results strongly argue for cooperation between the public mental health and justice systems to provide mental health and offender rehabilitation in their shared population." **NOTE: This journal available for loan or a hard copy of this article can be requested from the California State Library.**]

POLICIES AND PROCEDURES

New Report Card: Nation's Mental Health Care System. By the National Alliance on Mental Illness. (The Alliance, Arlington, Virginia) March 11, 2009. 4 p.

["The National Alliances on Mental Illness (NAMI) today released a new report, Grading the States, assessing the nation's public mental health care system for adults and finding that the national average grade is a D.
Fourteen states improved their grades since NAMI's last report card three years ago. Twelve states fell backwards.
Oklahoma showed the greatest improvement in the nation, rising from a D to a B. South Carolina fell the farthest, from a B to a D. However, the report comes at a time when state budget cuts are threatening mental health care overall."]

Full text at:
http://www.nami.org/Template.cfm?Section=press_room&template=/ContentManagement/ContentDisplay.cfm&ContentID=75516

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POST TRAUMATIC STRESS DISORDER

"A Prospective Study of Posttraumatic Stress Disorder Symptoms and Coronary Heart Disease in Women." By Laura D. Kubzansky, Harvard School of Public Health, and others. IN: Health Psychology, vol. 28, no. 1 (January 2009) pp. 125-130.

[" Posttraumatic Stress Disorder (PTSD) reflects a prolonged stress reaction and regulation of the stress response system and is hypothesized to increase risk of developing coronary heart disease (CHD). No study has tested this hypothesis in women even though PTSD is more prevalent among women than men. This study aims to examine whether higher levels of PTSD symptoms are associated with increased risk of incident CHD among women....PTSD symptoms may have damaging effects on physical health for civilian community-dwelling women, with high levels of PTSD symptoms associated with increased risk of CHD-related morbidity and mortality." **NOTE: This journal is available for loan from the California State Library or a hard copy of the article can be requested.**]

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STIGMA

"The Evaluation of a Short Group Programme to Reduce Self-stigma in People with Serious and Enduring Mental Health Problems." By D.L. MacInnes, Canterbury Christ Church University, U.K., and M. Lewis, Dorset Healthcare NHS Foundation Trust, U.K. IN: Journal of Psychiatric and Mental Health Nursing, vol. 15, no. 1 (January 2008) pp. 59-65.

["The concept of stigma has been acknowledged as being an important factor in the way that people with mental health problems are viewed and treated. Some authors suggest that stigma should be viewed as a multifaceted rather than a single concept. One part of this multifaceted concept has been called self-stigma which has been defined as the reactions of stigmatized individuals towards themselves. This study examined the impact of a 6-week group programme designed to reduce self-stigma in a group of service users with serious and enduring mental health problems. Twenty participants were assessed prior to the commencement of the group and immediately following its cessation. In addition to self-stigma, assessments for self-esteem, self-acceptance and psychological health measures were also undertaken. The results record a significant reduction in the stigma following the group and also non-significant increases in the participants' levels of self-esteem, self-acceptance and overall psychological health. However, there was only a negligible correlation recorded between the reduction in self-stigma and the increase in self-esteem, self-acceptance and psychological health. The paper discusses the possible explanations for these findings."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28103513&site=ehost-live

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"Exploring the Nature of Stigmatizing Beliefs about Depression and Help-Seeking: Implications for Reducing Stigma." By Lisa J. Barney, Australian National University, and others. IN: BMC Public Health, vol. 9, no. 61 (February 20, 2009) pp. 1-35.

["In-depth and structured evaluation of the stigma associated with depression has been lacking. This study aimed to inform the design of interventions to reduce stigma by systematically investigating community perceptions of beliefs about depression according to theorised dimensional components of stigma.

Focus group discussions were held with a total of 23 adults with personal experience of depression. The discussions were taped, transcribed and thematically analysed. Participants typically reported experiencing considerable stigma, particularly which others believe depressed people are responsible for their own condition, are undesirable to be around, and may be a threat. Participants expressed particular concerns about help seeking in the workplace and from mental health professionals.

Findings indicate that interventions to reduce the stigma of depression should target attributions of blame; reduce avoidance of depressed people; label depression as a 'health condition' rather than 'mental illness'; and improve responses of help-sources (i.e. via informing professionals of client fears)."]

Full text at:
http://www.biomedcentral.com/content/pdf/1471-2458-9-61.pdf

SUICIDE PREVENTION

"Childhood Bullying Behaviors as a Risk for Suicide Attempts and Completed Suicides: A Population-Based Birth Cohort Study." By Anat Brunstein Klomek, Columbia University, and others. IN: Journal of the American Academy of Child and Adolescent Psychiatry, vol. 48, no. 3 (March 2009) pp. 254-261.

["There are no previous studies about the association of childhood bullying behavior with later suicide attempts and completed suicides among both sexes. The aim was to study associations between childhood bullying behaviors at age 8 years and suicide attempts and completed suicides up to age 25 years in a large representative population-based birth cohort….The association between bullying behavior at age 8 years and later suicide attempts and completed suicides varies by sex. Among boys, frequent bullying and victimization are associated with later suicide attempts and completed suicides but not after controlling for conduct and depression symptoms; frequent victimization among girls is associated with later suicide attempts and completed suicides, even after controlling for conduct and depression symptoms." **NOTE: This journal is available for loan from the California State Library or a hard copy can be requested**.]

Characteristics of Juvenile Suicide in Confinement. Juvenile Justice Bulletin. By Lindsay M. Hayes, National Center on Institutions and Alternatives. (Office of Juvenile Justice and Delinquency Prevention, Washington, D.C.) February 2009. 15 p.

["Suicide is always tragic, but it is particularly so when the victim is young. The tragedy of young lives cut short by suicide poses a significant public health challenge. According to data from the Centers for Disease Control and Prevention, suicide is the third leading cause of death among youth 15 to 24 years old. While experts recognize the need to intervene on behalf of vulnerable youth, little research has been con-ducted on the suicides of youth held in detention. To address this deficiency, the Office of Juvenile Justice and Delinquency Prevention has sponsored the first national survey of juvenile suicides in confinement. This Bulletin examines 110 juvenile suicides that occurred in confinement between 1995 and 1999. It describes the demographic characteristics and

social history of victims and examines the characteristics of the facilities in which the suicides took place. Drawing on this data, the researchers offer recommendations to prevent suicides in juvenile facilities. The findings reported in these pages present serious challenges for health-care and correctional professionals who work with confined youth and for administrators charged with ensuring the security and safety of youth in detention. Preventing juvenile suicides in confinement is a critical responsibility. The information provided in this bulletin is intended to inform such endeavors."]

Full text at: http://www.ncjrs.gov/pdffiles1/ojjdp/214434.pdf

"Detecting Suicidality among Adolescent Outpatients: Evaluation of Trained Clinicians' Suicidality Assessment against a Structured Diagnostic Assessment Made by Trained Raters." By Matti Mikael Holi, National Public Health Institute, Helsinki, Finland, and others. IN: BMC Psychiatry, vol. 8, no. 97 (December 31, 2008) pp. 1-6.

["Accurate assessment of suicidality is of major importance. We aimed to evaluate trained clinicians' ability to assess suicidality against a structured assessment made by trained raters. Treating clinicians classified 218 adolescent psychiatric outpatients suffering from a depressive mood disorder into three classes: 1-no suicidal ideation, 2-suicidal ideation, no suicidal acts, 3-suicidal or self-harming acts. This classification was compared with a classification with identical content derived from the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS- PL) made by trained raters. The convergence was assessed by kappa- and weighted kappa tests.
The clinicians' classification to class 1 (no suicidal ideation) was 85%, class 2 (suicidal ideation) 50%, and class 3 (suicidal acts) 10% concurrent with the K-SADS evaluation. Weighted kappa for the agreement of the measures was 0.335. The clinicians under-detected suicidal and self-harm acts, but over-detected suicidal ideation.
There was only a modest agreement between the trained clinicians' suicidality evaluation and the K-SADS evaluation, especially concerning suicidal or self-harming acts. We suggest a wider use of structured scales in clinical and research settings to improve reliable detection of adolescents with suicidality."]

Full text at: http://www.biomedcentral.com/content/pdf/1471-244X-8-97.pdf

"School-based Screening to Identify At-Risk Students not already known to School Professionals: The Columbia Suicide Screen." By Michelle A. Scott, Columbia University, and others. IN: American Journal of Public Health, vol. 99, no. 2 (February 2009) pp. 324-339.

["We sought to determine the degree of overlap between students identified through school-based suicide screening and those thought to be at risk by school administrative

and clinical professionals….Approximately 34% of students with significant mental health problems were identified only through screening, 13.0% were identified only by school professionals, 34.9% were identified both through screening and by school professionals, and 18.3% were identified neither through screening nor by school professionals. The corresponding percentages among students without mental health problems were 9.1%, 24.0%, 5.5% and 61.3%.

School-based screening can identify suicidal and emotionally troubled students not recognized by school professionals." **NOTE: This journal available for loan or a hard copy of this article can be requested from the California State Library.**]

Surveillance for Violent Deaths-National Violent Death Reporting System, 16 States 2006. Morbidity and Mortality Weekly Report. By the Centers for Disease Control and Prevention. (The Centers, Atlanta, Georgia) 48 p.

["An estimated 50,000 persons die annually in the United States as a result of violence-related injuries. This report summarizes data from CDC's National Violent Death Reporting System (NVDRS) regarding violent deaths from 16 U.S. states for 2006. Results are reported by sex, age group, race/ethnicity, marital status, location of injury, method of injury, circumstances of injury, and other selected characteristics….

For 2006, a total of 15,007 fatal incidents involving 15,395 violent deaths occurred in the 16 NVDRS states included in this report. The majority (55.9%) of deaths were suicides, followed by homicides and deaths involving legal intervention (e.g. a suspect is killed by a law enforcement officer in the line of duty) (28.2%), violent deaths of undetermined intent (15.1%), and unintentional firearm deaths (0.7%). Suicides occurred at higher rates among males, American Indians/Alaska Natives (AI/ANs), non-Hispanic whites, and persons aged 45–54 years and occurred most often in a house or apartment and involved the use of firearms. Suicides were precipitated primarily by mental-health, intimate-partner, or physical-health problems or by a crisis during the preceding 2 weeks."]

Full text at:
http://www.cdc.gov/mmwr/PDF/ss/ss5801.pdf

"12-Month and Lifetime Prevalence of Suicide Attempts among Black Adolescents in the National Survey of American Life." By Sean Joe, University of Michigan, and others. IN: Journal of the American Academy of Child & Adolescent Psychiatry, vol. 48, no. 3 (March 2009) pp. 271-282.

[" Suicide is the third leading cause of death among all adolescents in the United States, including black adolescents. In fact, several studies have shown that black male subjects are more likely to commit suicide before age 35 years than are white male subjects. Historically, suicide rates among black adolescents and young adults have been relatively low when compared with whites. However, the gap in the rates of suicide between these two groups narrowed because of a recent increase in suicide among young black Americans….Certainly, suicidal behavior has emerged as a crucial health issue for black Americans, particularly among young male subjects." **NOTE: This journal available for loan or a hard copy of this article can be requested from the California State Library.**]

TRANSITIONAL YOUTH

The Social Security Administration's Youth Transition Demonstration Projects: Profiles of the Random Assignment Projects. By John Martinez, Mathematica Policy Research Inc., and others. (Mathematica, Washington, D.C.) December 11, 2008. 106 p.

["The transition to adulthood for youth with disabilities, particularly youth receiving Supplemental Security Income (SSI) or other disability program benefits, can be especially challenging. In addition to the host of issues facing all transition-age youth, young people with disabilities face special issues related to health, social isolation, service needs, and lack of access to supports. These challenges complicate their planning for future education and work, and often lead to poor educational and employment outcomes, high risk of dependency, and a lifetime of poverty….

Recognizing the importance of service intervention at this critical juncture in youths' lives, the Social Security Administration (SSA) initiated the Youth Transition Demonstration (YTD) evaluation. SSA is providing funding to develop and rigorously evaluate promising strategies to help youth with disabilities become as economically self sufficient as possible as they transition from school to work. Hallmark features of the YTD evaluation include (1) strong, policy-relevant demonstration projects that serve relatively large numbers of youth with disabilities compared with other programs, and (2) a rigorous evaluation design based on random assignment."]

Full text at: http://www.mathematica-mpr.com/pdfs/SSA_YTD.pdf

The Social Security Administration's Youth Transition Demonstration Projects: Evaluation Design Report. By Anu Rangarajan and others, Mathematica Policy Research Inc. (Mathematica, Washington, D.C.) January 30, 2009. 193 p.

["The transition to adulthood for youth with disabilities, particularly those receiving

Supplemental Security Income (SSI) or other disability program benefits, can be difficult. In addition to the host of issues facing all transition-age youth, those with disabilities face special issues related to health, social isolation, service needs, and lack of access to supports. These challenges complicate their planning for future education and work and often lead to poor educational and employment outcomes, high risk of dependency, and a lifetime of poverty.

This report describes the research and policy context for the evaluation, logic model underlying the projects, and selection of the random assignment sites and enrollment of youth. It also presents comprehensive designs for the process, cost, impact, and benefit-cost analyses, and concludes with a timeline and a schedule for major reports."]

Full text at:
http://www.mathematica-mpr.com/publications/pdfs/disability/SSA_YTDDesignRpt09.pdf

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VETERAN'S AND MENTAL ILLNESS

"Suicide after Leaving the UK Armed Forces—A Cohort Study." By Navneet Kapur, University of Manchester, Manchester, U.K., and others. IN: PLoS Medicine, vol. 6, no. 3 (March 2009) pp.1-9.

["Few studies have examined suicide risk in individuals once they have left the military. We aimed to investigate the rate, timing, and risk factors for suicide in all those who had left the UK Armed Forces (1996–2005). We carried out a cohort study of ex-Armed Forces personnel by linking national databases of discharged personnel and suicide deaths (which included deaths receiving either a suicide or undetermined verdict). Comparisons were made with both general and serving populations. During the study period 233,803 individuals left the Armed Forces and 224 died by suicide. Although the overall rate of suicide was not greater than that in the general population, the risk of suicide in men aged 24 y and younger who had left the Armed Forces was approximately two to three times higher than the risk for the same age groups in the general and serving populations (age-specific rate ratios ranging from 170 to 290). The risk of suicide for men aged 30–49 y was lower than that in the general population. The risk was persistent but may have been at its highest in the first 2 y following discharge. The risk of suicide was greatest in males, those who had served in the Army, those with a short length of service, and those of lower rank. The rate of contact with specialist mental health was lowest in the age groups at greatest risk of suicide (14% for those aged under 20 y, 20% for those aged 20–24 y). Young men who leave the UK Armed Forces were at increased risk of suicide. This may reflect preservice vulnerabilities rather than factors related to service experiences or discharge. Preventive strategies might include practical and psychological preparation for discharge and encouraging appropriate help-seeking behaviour once individuals have left the services."]

Full text at:
http://medicine.plosjournals.org/archive/1549-1676/6/3/pdf/10.1371_journal.pmed.1000026-L.pdf

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<p align="center">**NEWCONVENTIONS**</p>

California's Ninth Annual National Information Management Conference and Exposition: Addressing the Needs of Mental Health, Alcohol, and other Drug Programs.

April 22-23, 2009 – Garden Grove, California.

Program and registration information:
http://elearning.networkofcare.org/cimh/content/IM0809_ConfProgram_v2.20.09web.pdf

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